Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
Governor's Office				Form OUI
Division, Department, or Regi	ion (if applicable)			For Official Use Only
Street Address				
State Capitol, Sacramento,				
Area Code/Phone Number	E-mail		Amendment (expla	ain in comment section)
(916) 445-0873	daniel.maguire@gov.ca.gov		Date of Original Filing:	
Agency Contact (name and title)	A CONTROL OF THE SAME AND A CONTROL OF THE S			(month, day, year)
Dan Maguire, Deputy Legal				
2. Donor Name and Addres	SS		0 17 1 01 1 0	
☐ Individual	First Name	Other	California State Pr	Name
1215 K Street	Sacramento		CA	95814
Address	City		State	Zip Code
The CSPF is a 501(c)(3) or	ganization that promotes California	and provide	s support on diplom	atic and consular matters.
If 'Other' is marked, describe the entity's	business activity (if business) or its nature and in	nterests.		
If applicable, identify the name of	of each source and the amount(s) solid	cited or receive	ed by the donor for this	gift:
Alibaba (donation rec'd.: 6/8	3/10) \$ 550,000 Amount	8-	Name	\$Amount
3. Payment Information	5,000,000	4000000		
	nt		6,816	
Date and Amount of Payme	ent (other than travel) (month, day, year)	_ \$	(Round to whole dollars)	
		Rus	ssia and Europe	
Travel Payment Information	n (Round to whole dollars) Location of	Travel	old dita Ediopo	
See Exh. A	- e 6,816	· -	e -	e 6,816
Date(s) of Travel Tra	nsportation Expenses Lodging Expenses	Meal Exp		
Provide a specific descr	iption of the nature and use o	of the paym	ent for official ag	ency business:
The CSPF paid certain staff	travel expenses incurred in conne	ection with an	official trip to Russi	a and Europe.
Identify the officials for	whom the payment was used:	:		
Coo Eub A	See Exh. A	See Exh. A		Sovernor's Office
See Exh. A	First Name		Title	Department/Division
Last Name	First Name		Title	Department/Division
4. Verification				
I have determined that it is in the	e interests of the agency to accept this	gift and use i	for the official agency	business described above.
	Susan Kennedy	Chie	f of Staff	11/10/10
Signature of Agency Head or Designe	Print Name		Title	(month, day, year)
Comment: (Use this space or an	altachment for any additional information.)	· · · · · · · · · · · · · · · · · · ·		
acresco 700 10 m (1500) • m 7 m 700 m 7 m 70 m 70 m 70 m 70 m 7				
		4.		

Exhibit A

Date Traveled	First Name	Last Name	Title	Lodging	
10/11 - 10/13/2010	Matt	David	Dep. Chief of Staff Comms.	\$852	
10/11 - 10/15/2010	Will	Fox	Dep. Chief of Staff Operations	\$1,704	
10/11 - 10/13/2010	Daniel	Ketchell	Asst. to Governor	\$852	
10/11 - 10/15/2010	Lyndsay	McDougal	Dir. of Advance	\$1,704	
10/11 - 10/15/2010	Justin	Short	Photographer	\$1,704	
				\$6,816	